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CONFIRMATION NO. 6769

<b>SERIAL NUMBER</b> 10/783,053	<b>FILING OR 371(c) DATE</b> 02/19/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> TRIEP.058A
<b>APPLICANTS</b> Jan Maria Rene Balzarini, Heverlee, BELGIUM; Anders Vahlne, Stockholm, SWEDEN; Marita Hogberg, Tullinge, SWEDEN; Weimin Tong, Uppsala, SWEDEN;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/449,494 02/21/2003 and claims benefit of 60/493,893 08/08/2003 and claims benefit of 60/505,217 09/22/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 05/14/2004</b> <b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Verified and Acknowledged <i>Examiner's Signature</i> <u>1/14/07</u> <i>elb</i> Initials		<b>STATE OR COUNTRY</b> BELGIUM	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 61
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 20995				
<b>TITLE</b> Identification of compounds that inhibit replication of human immunodeficiency virus				
<b>FILING FEE RECEIVED</b> 819	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	